

Classification

Approved For Release 2006/09/25 : CIA-RDP75-00399R000100120149-0

DDS/OL/SD-91

REPORTS INVENTORY

XXXXXXXXXX

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

Allocation 75 Stock Status Report

2. TYPE  
OF  
REPORT

<input checked="" type="checkbox"/>	STATISTICAL
<input type="checkbox"/>	NARRATIVE
<input type="checkbox"/>	MACHINE-NAME LISTING

3. FUNCTIONAL AREA

<input type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	TRAINING
<input checked="" type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	SECURITY
<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>	FINANCE

 ADMIN. GENERAL  
 OTHER (specify)

4. NO. OF COPIES PREPARED

2

5. FREQUENCY. (weekly, monthly, quarterly, etc.)

Quarterly

6. DISTRIBUTION (No. of components not number of copies)

1

7. FORMAT (memorandum, form, computer print-out, etc.)

Computer Print-Out

8. ADP PROCESSING

☒ YES  
☐ NO
IF YES GIVE ADP PROCESSING NO.  
236

9. DIRECTIVE AUTHORITY REQUIRING REPORT

10. PREPARING COMPONENT (include lowest level contributing information to report)

OCS, SOD ☐

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

## 12. COST FACTORS

## A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-13	8.06	16		128.96	4		515.84

## B. COSTS OF COMPUTER PRODUCED REPORTS

				.45	8		3.60
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TOTAL COSTS PER YEAR

519.44

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

 This report is required for the proper management of ☐ STAT  
 materiel assets by Special Operations Division.

## 14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

<input checked="" type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/>	OTHER (explain)
<input type="checkbox"/>	CHANGE		
<input type="checkbox"/>	DISCONTINUE		

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

STAT

16. DATE OF INVENTORY

5 Oct 1970

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

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18. EXTENSION

☐FORM  
9-70

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Classification

(22-36-12)

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